Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
	0 000101201
Check if 24-hour report X 48-hour report New report	Amends report filed on 09 / 26 / 2014
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL E	Date of Public Distribution/Dissemination
Mailing Address 100 Indiana Avenue, N.W.	09 / 24 / 2014
100 Indiana Avenue, N.W.	Amount
City State Zip	Code 199.74
Washington DC 200	D01 Transaction ID : D541218 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	ategory/ Type 001 09 24 2014
Name of Federal Candidate	Support Office Sought: House District: 00
MITCH MCCONNELL	Oppose President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 3295	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
COMMITTEE ON LETTER CARRIERS POLITICAL E	DUCATION 09 / 24 / 2014
Mailing Address 100 Indiana Avenue, N.W.	Amount
City State Zip	Code 510.40
	001 Transaction ID : D541219 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	ategory/ Type 001 09 24 2014
Name of Federal Candidate	Support Office Sought: House District: 00
MARK E UDALL	Oppose President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ►
() QUETOTAL ()	
(a) SUBTOTAL of Itemized Independent Expenditures	710.14
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Ms. Elizabeth H Shuler [Electronically	y Filed] Date 10 17 2014
Signature	Date 10 11 2014

Schedule E)				PAGE 2 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New repo	ort X Amends repo	ort filed on 0	
Full Name of Payee COMMITTEE ON LETTER CARRIERS	S POLITICA	L EDUCATION	M	Public Distribution/Dissemination
Mailing Address 100 Indiana Avenue, N.W.			Amoun	
City	State	Zip Code		199.74
Washington	DC	20001		ction ID : D541224 Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		09 24 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
ALISON LUNDERGAN GRIMES		Oppose	Presider	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	, , ,	32954.95	Disbursement 2014 Oth	For: Primary X General er (specify) ►
Full Name of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITIC	AL ACTION COMMI	TTEE (AKA NATCA PAC)	M	F Public Distribution/Dissemination
Mailing Address 1325 Massachusetts Ave. NW			Amoun	t
City	State	Zip Code		31.73
Washington	DC	20005		tion ID : D541227 f Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M	9 24 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	Presider	nt X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 1 7	36177.65	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	S			231.47
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
				7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	10	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report X		09 / 26 / 2014
Full Name of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AF	Date	of Public Distribution/Dissemination
		09 24 2014
Mailing Address 1325 Massachusetts Ave. NW	Amou	unt
City State Zip Code		31.73
Washington DC 20005		saction ID : D541228 of Disbursement or Obligation
Purpose of Expenditure InKind Staff Categor	y/ 001	09 24 2014
Name of Federal Candidate	Support Office Sough	nt: House District: 00
TERRI LYNN LAND	Oppose Presid	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 36177.65	Disbursemer 2014	nt For:
Full Name of Payee		of Public Distribution/Dissemination
Voices of the American Federation of Government Emplo	yees	09 24 2014
Mailing Address 80 F Street, NW	Amou	unt
City State Zip Code		1.20
Washington DC 20001		action ID : D541271 of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Categor Typ	y/ 002	M 09 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sough	ht: House District: 00
CORY GARDNER	Oppose Presid	lent Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	32.93
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7 1
(c) TOTAL Independent Expenditures	······	7 7 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically Filed	Date 10	17 2014
Signature		

Schedule E)	INDENT EXICIO	HONES		PAGE 4 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report X 48-hour re	port New rep	port X Amends repo	rt filed on 09	26 2014
Full Name of Payee Voices of the American Fede	ration of Governr	ment Employees	M = M	c Distribution/Dissemination
Mailing Address 80 F Street, NW			09 Amount	24 2014
0.1	Otata	7:- 0-1-		05.40
City Washington	State DC	Zip Code 20001	Transaction	65.40 ID: D541272 ursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Date of Disse	/ 24 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
ALISON LUNDERGAN GRIMES		Oppose		Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		32954.95	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Voices of the American Federa	tion of Governmer	nt Employees	Date of Publi	ic Distribution/Dissemination
Mailing Address 80 F Street, NW			Amount	24 2014
City	State	Zip Code		58.29
Washington	DC	20001	Transaction II Date of Disbu	D: D541273 ursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M 09	24 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:00
MARK E UDALL		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	1 1 1 1 1	13728.50	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures		•	123.69
(b) SUBTOTAL of Unitemized Independent	Expenditures		. •	
				7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committee	y candidate or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 / 17	2014
Oignataro				

outcadic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on	09 26 2014
	e of Public Distribution/Dissemination
Voices of the American Federation of Government Employees	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 80 F Street, NW Amo	
City State Zip Code	95.23
Washington DC 20001 Tran	nsaction ID : D541275 of Disbursement or Obligation
Purpose of Expenditure	09 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ght: House District: 00
MARK E UDALL Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	
	other (specify) of Public Distribution/Dissemination
	09 24 2014
Mailing Address 80 F Street, NW Amo	ount
City State Zip Code	65.40
	saction ID : D541277 e of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ght: House District: 00
MITCH MCCONNELL	
Calendar Year-To-Date Per Election for Office Sought 32954.95 Disburseme	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	160.63
(b) SUBTOTAL of Unitemized Independent Expenditures	77. 77. 77.
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 10	17 2014
Signature	

PAGE 5

OF

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Schedule E)	LXI LINDI	TOTILO		PAGE 6 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New repo	ort X Amends repo	rt filed on 0	9 26 2014
Full Name of Payee			Date of	f Public Distribution/Dissemination
AFL-CIO				09 24 2014
Mailing Address 815 - 16th Street, NW			Amoun	t
City	tate	Zip Code	- [32.67
	DC	20006		ction ID : D541301 f Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004		09 / 24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	,	36177.65	Disbursement 2014 Oth	For: Primary X General
Full Name of Payee			Date o	f Public Distribution/Dissemination
AFL-CIO				09 24 2014
Mailing Address 815 - 16th Street, NW			Amoun	ıt
City	State	Zip Code		7.67
	DC	20006		ction ID : D541305 f Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004		09 / 24 / 2014
Name of Federal Candidate		X Support	Office Sought	: House District: 00
MARK E UDALL		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	13728.50	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				40.34
(b) SUBTOTAL of Unitemized Independent Expenditures	S		•	7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Elizabeth H Shuler Signature	[Electroni	cally Filed] Date	10	17 2014
Gignature				

Schedule E)	VI EXI EIVE	ATOTILO		PAGE 7 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour report	New re	port X Amends repo	rt filed on 09	26 / 2014
Full Name of Payee			Date of Public	Distribution/Dissemination
AFL-CIO			09 /	24 / 2014
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		11.50
Washington	DC	20006	Transaction I Date of Disbu	D: D541311 rsement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	M M /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MITCH MCCONNELL		X Oppose		Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	7 7	32954.95	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
AFL-CIO			09	24 2014
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		11.50
Washington	DC	20006	Transaction ID Date of Disbu	D: D541316 ursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09	24 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
ALISON LUNDERGAN GRIMES		Oppose	President >	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	7	32954.95	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			23.00
			7	
(b) SUBTOTAL of Unitemized Independent Expend	itures		• •	7
(c) TOTAL Independent Expenditures			•	41.0
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorize			
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 / 17	2014
Signaturo				

Schedule E)	EXI EIID	TOTILO		PAGE 8 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour report	New repo	ort X Amends repo	rt filed on 09	26 2014
Full Name of Payee			Date of F	Public Distribution/Dissemination
AFL-CIO			M 09	
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		16.56
Washington	DC	20006		ion ID : D541320 Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09	
Name of Federal Candidate		Support	Office Sought:	House District:00
TERRI LYNN LAND		X Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		36177.65	Disbursement F 2014 Othe	or:
Full Name of Payee			Date of I	Public Distribution/Dissemination
AFT Solidarity 527			M 09	
Mailing Address 555 New Jersey Ave. N.W.			Amount	
City	State	Zip Code		102.75
Washington	DC	20001		on ID : D541325 Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M 09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		36177.65	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditures.				119.31
				7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		·	7 7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Elizabeth H Shuler	[Electroni	ically Filed] Date		17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	LAFLINDI			PAGE 9 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Workers' Voice			[C C00484287
Check if 24-hour report X 48-hour report	New repo	ort X Amends repo	rt filed on 09	
Full Name of Payee AFT Solidarity 527			M	
Mailing Address 555 New Jersey Ave. N.W.			Amount	9 24 2014
	0			
City Washington	State DC	Zip Code 20001		102.75 ction ID: D541327 Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M	
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		36177.65	Disbursement 2014 Oth	For: Primary X General Primary Primary Representation of the control of the cont
Full Name of Payee UFCW Int'l Union Working Families Ad	vocacy Pro	ject		Public Distribution/Dissemination
Mailing Address 1775 K Street, NW	·			09 24 2014
City	State	Zip Code	— r-	115.83
Washington	DC	20006-1598		tion ID : D541331 Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		9 24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	, ,	36177.65	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i			218.58
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· .	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date		17 2014

Schedule E)	INDENT EXTEND	TIONES	_	AGE 10 OF 19 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Workers' Voice			C co	0484287
Check if 24-hour report X 48-hour re	port New rep	port X Amends repo	rt filed on 09	26 2014
Full Name of Payee UFCW Int'l Union Working Fa	amilies Advocacy	Project	Date of Public D	vistribution/Dissemination
Mailing Address 1775 K Street, NW			Amount	2014
City	State	Zip Code		66.04
Washington	DC	20006-1598	Transaction ID : Date of Disburse	
Purpose of Expenditure InKind Staff		Category/ Type 001	M = M /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
ALISON LUNDERGAN GRIMES		Oppose		Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	7 7	32954.95	Disbursement For: 2014 Other (speci	Primary X General
Full Name of Payee UFCW Int'l Union Working Fam	nilies Advocacy Pro	oject	Date of Public D	Distribution/Dissemination
Mailing Address 1775 K Street, NW			Amount	24 2014
City Washington	State DC	Zip Code 20006-1598	Transaction ID :	155.63 D541334 ement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	Date of Disburse	24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	•	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		36177.65	Disbursement For: 2014 Other (speci	Primary X General
(a) SUBTOTAL of Itemized Independent Ex	openditures			221.67
(b) SUBTOTAL of Unitemized Independent	Expenditures			
			-	45
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committee	y candidate or authorize			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 / 17	2014
- griataro				

Schedule E)	PENT EXILE	DITORIES	PAGE 11 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New	report X Amends repo	t filed on 09 / 26 / 2014
Full Name of Payee UFCW Int'l Union Working Famil	ilies Advoca	cy Project	Date of Public Distribution/Dissemination M M O D D O O O O O O O O O O O O O O O
Mailing Address 1775 K Street, NW			Amount
City	State	Zip Code	66.04
Washington	DC	20006-1598	Transaction ID : D541339 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
MITCH MCCONNELL		X Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		32954.95	Disbursement For: Primary
Full Name of Payee Michigan State AFL-CIO General	Fund		Date of Public Distribution/Dissemination
- A .:			09 24 7 2014
Mailing Address 419 Washington Square, S.	#200		Amount
City	State	Zip Code	30.23
Lansing	MI	48933	Transaction ID : D541344 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 24 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		36177.65	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		96.27
(a) COBTOTAL OF HOMIZED INDEPONDENT EXPEN	antaroo		30.21
(b) SUBTOTAL of Unitemized Independent Exp	enditures		·
(c) TOTAL Independent Expenditures			>
	ndidate or authori		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Elect	ronically Filed] Date	10 17 2014
Olghalule			

Schedule E)	PAGE 12 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Workers' Voice	C00484287
Check if 24-hour report 48-hour report New report Amends report filed on 09	M / D D / Y Y Y Y Y Y Z Y Z Y Z Y Z Y Z Y Z Y Z
Michigan State AFL-CIO General Fund	
Mailing Address 419 Washington Square, S. #200 Amount	24 2014
City State Zip Code	30.23
Lansing MI 48933 Transact	tion ID : D541347 Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	M / D D / Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
TERRI LYNN LAND Oppose President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbursement F 2014 Othe	for: Primary X General er (specify) ▶
Full Name of Payee Retail, Wholesale and Department Store Union International Treasury Account	
Mailing Address 30 E29th St. Amount	24 2014
City State Zip Code	64.32
Date of I	on ID: D541349 Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001 09	
Name of Federal Candidate Support Office Sought:	House District: 00
GARY PETERS Oppose President	
Calendar Year-To-Date Per Election for Office Sought Disbursement F 2014 Other	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	94.55
(b) SUBTOTAL of Unitemized Independent Expenditures	7. 1 7. 1 7. 1
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cool with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 10	17 Y Y Y Y Y Y Y 2014

Schedule E)	PAGE 13 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report Ne	w report Amends report filed on 09 / 26 / 2014
Full Name of Payee NCFO/SEIU 32BJ	Date of Public Distribution/Dissemination
Mailing Address 1212 Bath Ave	09 24 2014 Amount
Floor F&O	
City State	Zip Code 36.60
Ashland KY	41101-2696 Transaction ID: D541351 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001 09 24 2014
Name of Federal Candidate	Support Office Sought: House District: 00
ALISON LUNDERGAN GRIMES	Oppose President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
NCFO/SEIU 32BJ	09 24 2014
Mailing Address 1212 Bath Ave	Amount
Floor F&O	Amount
City State	Zip Code 36.60
Ashland KY	41101-2696 Transaction ID : D541352 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001 09 / 24 / Y 2014
Name of Federal Candidate	Support Office Sought: House District: 00
MITCH MCCONNELL	Oppose President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	73.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
	itures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler [Elizabeth Signature]	ectronically Filed] Date 10 17 2014

Schedule E)	11011.01120	PAGE 14 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New	report X Amends report f	filed on 09 / 26 / Y 2014
Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW		09
City State	Zip Code	293.09
Washington DC	20036	Transaction ID : D541354 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 24 / 2014
Name of Federal Candidate	Support O	Office Sought: House District: 00
TERRI LYNN LAND	X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		olsbursement For:
Full Name of Payee AFSCME for Michigan Mailing Address 1625 L Street, NW		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	251.82
Washington DC	20036	Transaction ID : D541355 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	09 / 24 / 2014
Name of Federal Candidate	X Support C	Office Sought: House District: 00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		544.91
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.		
	ctronically Filed] Date	10 17 2014
Signature		

Schedule E)		1101120		PAGE 15 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48	-hour report New rep	port X Amends repo	rt filed on 09	26 2014
Full Name of Payee AFSCME for Michigan			M = M /	Distribution/Dissemination
Mailing Address 1625 L Street, NV	V		Amount	24 2014
City	State	Zip Code		201.67
Washington	DC	20036	Transaction II Date of Disbu	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		Oppose		Senate State: MI
Calendar Year-To-Date Per Election for Office Sough	t	36177.65	Disbursement For: 2014 Other (specific	Primary
Full Name of Payee AFSCME for Michigan Mailing Address 1625 L Street,	NW		Date of Public	Distribution/Dissemination 24 2014
City	State	Zip Code		293.09
Washington	DC	20036	Transaction ID Date of Disbu	
Purpose of Expenditure InKind Staff		Category/ Type 001	09	24 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:00
GARY PETERS		Oppose	President >	Senate State: MI
Calendar Year-To-Date Per Election for Office Sough	ıt	36177.65	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent	ndent Expenditures		•	494.76
(b) SUBTOTAL of Unitemized Inde	pendent Expenditures		· •	7 7
(c) TOTAL Independent Expenditure	es		·	
Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party	n of, any candidate or authorize			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	10 / 17	2014
Signature				

Sc	chedule E)	L /(L.().	101120				PAGE 16 FOR SE OF	OF 19 FORM 24/48	
	ME OF COMMITTEE (In Full)					FEC ID		N NUMBER V	,
۷v	/orkers' Voice					С	C00484287]
Che	eck if 24-hour report X 48-hour report	New repo	ort X Ame	nds repo	ort filed on	09	26	2014]
T	Full Name of Payee USW Works					и = м /	Distribution/[Y Y Y Y	7
ŀ	Mailing Address FIVE GATEWAY CENTER				Amou	09 int	24	2014	_
ŀ	City	State	Zip Code		— [_			743.16	7
	Pittsburgh	PA	15222				D: D541233 irsement or O		-
	Purpose of Expenditure InKind Staff		Category/ Type	001		09	24	2014]
ŀ	Name of Federal Candidate		Sı	upport	Office Sough	nt:	House [District: 00	
	MITCH MCCONNELL			ppose	Presid	_	Senate	State: KY	_
	Calendar Year-To-Date Per Election for Office Sought		32954.95		Disbursemer 2014	nt For: Other (sp	Primary ecify) ►	K Genera	l
	Full Name of Payee USW Works				_	M = M /	c Distribution/l	Y Y Y Y	
-	Mailing Address FIVE GATEWAY CENTER				Amou	09 unt	24	2014	الـ
1	0"	01-1-	Zin Onda					220.47	٦
	City S Pittsburgh	State PA	Zip Code 15222				D: D541234 ursement or O	238.47	الـ
	Purpose of Expenditure InKind Staff		Category/ Type	001		09	24	2014]
ľ	Name of Federal Candidate		X s	upport	Office Sough	ht:	House I	District: 00	
	MARK E UDALL			ppose	Presid		Senate	State: CO	_
	Calendar Year-To-Date Per Election for Office Sought		13728.50		Disbursemer 2014	nt For: Other (sp	Primary	X Genera	J
((a) SUBTOTAL of Itemized Independent Expenditures				· [-		981.63	
((b) SUBTOTAL of Unitemized Independent Expenditure	es				1 4	1 4]
((c) TOTAL Independent Expenditures				· -	1 -7	7]
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized							
	Ms. Elizabeth H Shuler	[Electron	ically Filed]	Date	10	17	2014		
	Signature								

Schedule E)	VI EXI END	TIONES		PAGE 17 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour report	New rep	port X Amends repo	rt filed on 09	26 / 2014
Full Name of Payee USW Works			Date of Public	Distribution/Dissemination
Mailing Address FIVE GATEWAY CENTER			09	24 2014
			Amount	
City	State	Zip Code		347.82
Pittsburgh	PA	15222	Transaction I Date of Disbu	D: D541239 rsement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09 /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
MITCH MCCONNELL		X Oppose	President	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	7 1 7	32954.95	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
USW Works			09	24 / 2014
Mailing Address FIVE GATEWAY CENTER			Amount	
City	State	Zip Code		193.62
Pittsburgh	PA	15222	Transaction ID Date of Disbu	D: D541248 ursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	M 09	24 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:00
GARY PETERS		Oppose	President >	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	36177.65	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			541.44
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	
(c) TOTAL Independent Expenditures			•	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	10 17	2014
Signature				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed	d on 09 / 26 / 2014
Full Name of Payee USW Works	Date of Public Distribution/Dissemination
	09 / 24 / 2014
Mailing Address FIVE GATEWAY CENTER	Amount
City State Zip Code	512.78
Pittsburgh PA 15222	Transaction ID : D541253 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 24 2014
Name of Federal Candidate Support Office	e Sought: House District:00
GARY PETERS Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary X General Other (specify) ▶
Full Name of Payee USW Works	Date of Public Distribution/Dissemination
	09 24 2014
Mailing Address FIVE GATEWAY CENTER	Amount
City State Zip Code	41.49
Pittsburgh PA 15222	Transaction ID : D541256 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 / 24 / 2014
	e Sought: House District: 00
TERRI LYNN LAND Oppose	President State: MI Senate
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General 4 Other (specify) ▶
(a) CURTOTAL of Hamitad Independent Evpanditures	
(a) SUBTOTAL of Itemized Independent Expenditures	554.27
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mouth, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Elizabeth H Shuler [Electronically Filed] Date	10 17 2014
Signature	

Schedule E)		PAGE 19 OF 19 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	Amends report filed on	09 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Payee USW Works	Da	ate of Public Distribution/Dissemination
Mailing Address FIVE GATEWAY CENTER	An	09 24 2014 mount
City State Zip	Code	743.16
1	222 Tra	ansaction ID : D541263 ate of Disbursement or Obligation
Purpose of Expenditure InKind Staff	ategory/ Type 001	09 24 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
ALISON LUNDERGAN GRIMES		esident State: KY
Calendar Year-To-Date Per Election for Office Sought 329	54.95 Disburser 2014	ment For:
Full Name of Payee USW Works	Da	ate of Public Distribution/Dissemination
Mailing Address FIVE GATEWAY CENTER		09 / 24 / 2014
	Ar	mount
1 .	Code	340.47
Pittsburgh PA 15 Purpose of Expenditure		Insaction ID: D541265 ate of Disbursement or Obligation
Inkind Staff Travel	ategory/ Type 002	09 / 24 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
ALISON LUNDERGAN GRIMES	Oppose Pre	esident X Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	32954.95 Disburser 2014	ment For:
(a) CURTOTAL of hamirad ladan and ast Europediture		1000.00
(a) SUBTOTAL of Itemized Independent Expenditures	·····	1083.63
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	6346.42
Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronicall	y Filed] Date 10	17 2014
Signature		